

CHAPTER 2
SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200)			
VALIDITY EDITS			
1-200-01V	MUST BE NUMERIC		
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND LAST 6 POSITIONS MUST BE NUMERIC)		
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND FOURTH POSITION MUST BE = 'A' AND LAST 5 POSITIONS MUST BE NUMERIC)		
RELATIONAL EDITS			
NO ERROR	IF ADJUSTMENT/DENIAL REASON CODE =	38	SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS OR
		52	THE REFERRING/PRESCRIBING/ RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED OR
		B7	THIS PROVIDER WAS NOT CERTIFIED/ ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
THEN DO NOT CHECK PROVIDER FILE			
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
		FS	TFL (SECOND PAYOR) OR
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
THEN DO NOT CHECK PROVIDER FILE			
NO ERROR	IF AMOUNT ALLOWED (TOTAL) ≤ZERO		
THEN DO NOT CHECK PROVIDER FILE			

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (CONTINUED)

1-200-01R WHEN AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, THE INST/NON-INST INDICATOR MUST AGREE WITH THE TED RECORD TYPE. (IF TED RECORD IS INSTITUTIONAL AND PROVIDER IS NON-INSTITUTIONAL, THE PROVIDER DATABASE WILL **NOT CONTAIN** THE NECESSARY INSTITUTIONAL DATA.)

1-200-02R PROVIDER MUST MATCH AN INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION, PROVIDER ZIP CODE **AND** PROVIDER MUST BE CERTIFIED (USE PROVIDER ACCEPTANCE DATE(S) AND PROVIDER TERMINATION DATE(S)) TO PROVIDER SERVICES ON THE DATE(S) OF CARE ON THE CLAIM

UNLESS ONE OCCURRENCE

OF OVERRIDE CODE =

NC

NON-CERTIFIED PROVIDER

THEN PROVIDER MUST MATCH INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION, PROVIDER ZIP CODE, PROVIDER SUB-IDENTIFIER **AND** ACCEPTANCE AND TERMINATION DATES MUST = ZERO.

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)

VALIDITY EDITS

1-205-01V MUST BE ALPHA OR NUMERIC--NO BLANKS

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (1-210)

VALIDITY EDITS

1-210-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER GROUP NPI NUMBER (RESERVED) (1-215)

VALIDITY EDITS

1-215-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

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ELEMENT NAME: PROVIDER ZIP CODE (1-220)	
VALIDITY EDITS	
1-220-01V	MUST BE A VALID ZIP CODE; EITHER 9 DIGITS, OR 5 DIGITS (NOT 5 ZEROES, OR NINES) FOLLOWED BY 4 BLANKS, OR 3 CHARACTERS ¹ FOLLOWED BY 6 BLANKS, OR ALL BLANKS. MUST NOT BE ALL ZEROES, OR ALL NINES.
RELATIONAL EDITS	
NONE	
¹ WHEN FOREIGN COUNTRY IS SUBMITTED THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.	

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)	
VALIDITY EDITS	
1-225-01V	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
RELATIONAL EDITS	
1-225-01R	IF PRICING RATE CODE = H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER THEN PROVIDER PARTICIPATION INDICATOR MUST = 'Y' (YES)
1-225-02R	IF THERE IS A MEDICARE NUMBER PRESENT ON THE PROVIDER FILE FOR THAT PROVIDER (IF MATCH WAS FOUND AND CORRECT HISTORY RECORD BASED ON CARE DATES WAS IDENTIFIED) THEN THE PROVIDER PARTICIPATION INDICATOR ON TED MUST = 'Y' (YES)

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)	
VALIDITY EDITS	
1-230-01V	MUST BE ONE OF THE FOLLOWING VALUES '1' (NETWORK PROVIDER) OR '2' (NON-NETWORK PROVIDER.)
RELATIONAL EDITS	
NONE	

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ELEMENT NAME: TYPE OF INSTITUTION (1-235)

VALIDITY EDITS

1-235-01V VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.

RELATIONAL EDITS

1-235-01R IF TYPE OF INSTITUTION = 72 RTC

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA

**THEN CA/NAS
EXCEPTION REASON
MUST =** 5 RTC

1-235-02R IF PRICING RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE **OR**

L REGION SPECIFIC PSYCHIATRIC PER DIEM RATE

**THEN TYPE OF INSTITUTION
MUST =** 22 PSYCHIATRIC HOSPITAL/UNIT **OR**

52 CHILDREN'S PSYCHIATRIC HOSPITAL/
UNIT

1-235-03R IF TYPE OF INSTITUTION = 76 HOME HEALTH AGENCY

AND BEGIN DATE OF CARE ≥ MAY 15, 2003

**THEN ONE OCCURRENCE
OF REVENUE CODE
MUST =** 023 HOME HEALTH AGENCY (HHA-PPS)

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)

VALIDITY EDITS

1-240-01V VALUE MUST BE A VALID EMC INDICATOR.

RELATIONAL EDITS

NONE

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: FREQUENCY CODE (1-250)

VALIDITY EDITS

1-250-01V MUST BE A VALID FREQUENCY CODE **AND** MUST = THE VALUES IN THE FOLLOWING TABLE:

FREQUENCY CODE	PREVIOUS TED RECORD FREQUENCY CODE	BEGIN DATE OF CARE
1	= 1 OR NO PREVIOUS TED RECORD	N/A
2	= 2 OR NO PREVIOUS TED RECORD	N/A
3	= 2 OR 3	PLUS OR MINUS 1 DAY OF ENDING DATE OF CARE ON EXISTING PREVIOUS TED NET RECORD
4	= 2 OR 3	PLUS OR MINUS 1 DAY OF ENDING DATE OF CARE ON EXISTING PREVIOUS TED NET RECORD

RELATIONAL EDITS

1-250-01R	IF PATIENT STATUS =	30	STILL A PATIENT
	THEN FREQUENCY CODE MUST =	2	INITIAL OR
		3	INTERIM
1-250-02R	IF PATIENT STATUS =	01	DISCHARGED OR
		02	TRANSFERRED OR
		20	EXPIRED
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE OR
		4	FINAL
1-250-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE
1-250-04R	IF FREQUENCY CODE =	3	INTERIM OR
		4	FINAL
	THEN TYPE OF SUBMISSION MUST ≠	I	INITIAL SUBMISSION OR
		R	RESUBMISSION

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF ADMISSION (1-255)

VALIDITY EDITS

1-255-01V VALUE MUST BE A VALID TYPE OF ADMISSIONS CODE.

RELATIONAL EDITS

1-255-02R IF CA/NAS EXCEPTION REASON = 2 EMERGENCY

THEN TYPE OF ADMISSION
MUST =

1 EMERGENCY **OR**

4 NEWBORN

1-255-03R IF TYPE OF ADMISSION = 4 NEWBORN

THEN PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO [FIGURE 2-E-8](#)).

ELEMENT NAME: SOURCE OF ADMISSION (1-260)

VALIDITY EDITS

1-260-01V VALUE MUST BE A VALID SOURCE OF ADMISSION.

RELATIONAL EDITS

1-260-01R IF TYPE OF ADMISSION = 4 NEWBORN

THEN SOURCE OF ADMISSION
MUST =

1 NORMAL DELIVERY **OR**

2 PREMATURE DELIVERY **OR**

3 SICK BABY **OR**

4 EXTRAMURAL BIRTH

AND PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO [FIGURE 2-E-8](#)).

ELEMENT NAME: ADMISSION DATE (1-265)

VALIDITY EDITS

1-265-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

1-265-01R ADMISSION DATE MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION

1-265-02R ADMISSION DATE MUST BE \leq END DATE OF CARE

1-265-03R IF FREQUENCY CODE = 1 ADMIN THRU DISCHARGE **OR**

2 INTERIM-INITIAL

THEN ADMISSION DATE MUST = BEGIN DATE OF CARE

1-265-04R IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

B ADJUSTMENT OF NON-TED RECORD (HCSR)
DATA **OR**

C COMPLETE CANCELLATION **OR**

E COMPLETE CANCELLATION OF NON-TED
RECORD (HCSR) DATA

THEN ADMISSION DATE MUST BE \leq DATE ADJUSTMENT IDENTIFIED

UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270)			
VALIDITY EDITS			
1-270-01V	VALUE MUST BE A VALID PATIENT STATUS CODE.		
RELATIONAL EDITS			
1-270-01R	IF FREQUENCY CODE =	2	INITIAL OR
		3	INTERIM
		30	STILL A PATIENT
	THEN PATIENT STATUS MUST =		
1-270-02R	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
	THEN PATIENT STATUS MUST =	01	DISCHARGED OR
		02	TRANSFERRED OR
		03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) OR
		04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
		05	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION FOR INPATIENT CARE, OR REFERRED FOR OUTPATIENT CARE TO ANOTHER INSTITUTION OR
		06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
		07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
		08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
		20	EXPIRED OR
		40	DIED AT HOME OR
		41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREE-STANDING HOSPICE OR
		42	PLACE OF DEATH UNKNOWN OR
		50	HOSPICE-HOME OR
		51	HOSPICE-MEDICAL FACILITY OR
		61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
		62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
		63	DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL OR

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ELEMENT NAME: PATIENT STATUS (1-270) (CONTINUED)

		64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
		71	DISCHARGED/TRANSFERRED/REFERRED TO ANOTHER INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE OR
		72	DISCHARGED/TRANSFERRED/REFERRED TO THIS INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE
1-270-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30	STILL A PATIENT

ELEMENT NAME: BEGIN DATE OF CARE (1-275)

VALIDITY EDITS

1-275-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

1-275-01R	BEGIN DATE OF CARE MUST BE ≤END DATE OF CARE
1-275-02R	BEGIN DATE OF CARE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION
1-275-03R	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)
1-275-04R	BEGIN DATE OF CARE MUST BE ≥ ADMISSION DATE
1-275-05R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	C COMPLETE CANCELLATION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN BEGIN DATE OF CARE MUST BE ≤DATE ADJUSTMENT IDENTIFIED

UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD

1-275-06R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: END DATE OF CARE (1-280)	
VALIDITY EDITS	
1-280-01V	MUST BE A VALID GREGORIAN DATE.
RELATIONAL EDITS	
1-280-01R	END DATE OF CARE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION
1-280-02R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	C COMPLETE CANCELLATION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN END DATE OF CARE MUST BE ≤DATE ADJUSTMENT IDENTIFIED	
UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD	
1-280-03R	PROVIDER MUST BE "AUTHORIZED" ¹ ON PROVIDER FILE FOR THIS END DATE OF CARE
¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.	

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: COVERED DAYS (1-285)

VALIDITY EDITS

1-285-01V MUST BE NUMERIC.

RELATIONAL EDITS

NO ERROR IF ANY OCCURRENCE OF
SPECIAL PROCESSING CODE = 11 HOSPICE

THEN BYPASS ALL COVERED DAYS.

1-285-01R IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**
I INITIAL SUBMISSION **OR**
O ZERO PAYMENT WITH 100% OHI/TPL **OR**
R RESUBMISSION

THEN COVERED DAYS MUST BE > ZERO

1-285-02R IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN COVERED DAYS MUST = ZERO

1-285-03R IF DRG NUMBER = BLANK

**THEN COVERED DAYS MUST BE ≤SUM OF UNITS OF SERVICE BY REVENUE CODE
FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (10X-18X, 20X-21X,
724, OR 762)**

**AND THE ADJUSTMENT/DENIAL REASON CODE CANNOT EQUAL ANY VALUE
LISTED IN [FIGURE 2-H-1](#)**

1-285-04R IF TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY
AND TYPE OF SUBMISSION - I INITIAL SUBMISSION **OR**
O ZERO PAYMENT TED RECORD DUE 100%
OHI **OR**
R RESUBMISSION OF ERROR REJECT

THEN COVERED DAYS MUST = ZERO

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290)			
VALIDITY EDITS			
1-290-01V	MUST BE A VALID DRG NUMBER OR BLANK FILLED.		
RELATIONAL EDITS			
1-290-01R	IF PRICING RATE CODE =	B	NO SPECIAL RATE CODE OR
		K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		L	REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		P	PER DIEM RATE AGREEMENT
THEN DRG NUMBER MUST = BLANK			
1-290-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
THEN DRG NUMBER MUST = BLANK.			
1-290-08R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1996 AND < 10/01/1997			
THEN DRG NUMBER MUST = 001-102, 104-108, 110-384, 391-434, 436-437, 439-473, 475-479, 481-495, 600-619, 621-624, 626-628, 630-636, OR 900-901.			
1-290-09R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1997 AND < 10/01/1998			
THEN DRG NUMBER MUST = 001-102, 104-108, 110-213, 216-220, 223-384, 391-434, 436-437, 439-473, 475-479, 481-503, 600-619, 621-624, 626-628, 630-636, OR 900-901.			
1-290-10R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1998 AND < 10/01/1999			
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.			
1-290-21R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR

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ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED)

		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1999 AND < 10/01/2000			
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.			
1-290-23R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/2000 AND < 10/01/2001			
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, 900-901			
1-290-24R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/2001 AND ≤ 09/30/2002			
THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-523, 600-619, 621-624, 626-628, 630-636, 900-901			
1-290-25R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/2002			
THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-523, 600-619, 621-624, 626-628, 630-636, 900-901			

ELEMENT NAME: SNF HIPPS CODE (1-292)

VALIDITY EDITS

1-292-01V MUST BE VALID HIPPS CODES REFER TO [CHAPTER 2, SECTION 2.8](#)

RELATIONAL EDITS

1-292-01R IF SNF HIPPS CODE = BLANK
 THEN NO OCCURRENCE OF
 REVENUE CODE CAN = 022 SKILLED NURSING FACILITY

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME:	ADMISSION DIAGNOSIS (1-295)
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VALIDITY EDITS

1-295-01V	VALUE MUST BE VALID DIAGNOSIS CODE.
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RELATIONAL EDITS

NONE
